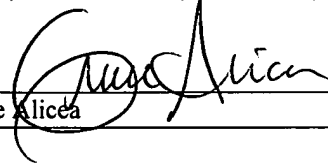


CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 5, 2003.

Grace Alicea



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: November 5, 2003

Roland F. PORTMAN, et al.

Confirmation No. 7700

Serial No. 09/504,304

Group Art Unit: 2841

Filed: February 15, 2000

Examiner: Phan, T.

For: REMOVABLE VISUAL INDICATION STRUCTURE FOR A PRINTED
CIRCUIT BOARD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
VA 22313-1450

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AMENDMENT

Sir:

In response to the Office Action dated July 9, 2003, please enter the following
amendments and remarks in the present Application:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks/Arguments begin on page 9 of this paper.

11/12/2003 HALI11 00000039 09504304

01 FC:2251

55.00 OP

TRANSMITTAL FORM

Attorney Docket No.

1458CPA-RCE

In re the application: **Roland F. P r tman, et al.**Confirmation No. **7700**Serial No: **09/504,304**Group Art Unit: **2841**Filed: **February 15, 2000**Examiner: **Phan, Thanh S.**For: **Removable Visual Indication Structure For A Printed Circuit Board**

ENCLOSURES (check all that apply)			
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from October 9, 2003 to November 9, 2003.	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	32	0	\$ 9.00	\$ 0.00
Independent Claims	4	4	0	\$43.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. <u>6492</u> in the amount of \$ <u>55.00</u> is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	November 5, 2003

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Type or printed name	Grace Alicea
Signature	